

10-2-3... 41

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1646



# TRANSMITTAL FORM

(To be used for all correspondence  
after initial filing)

Application Number	10/090,455
Filing Date	March 1, 2002
First Named Inventor	Hongyun Chen
Art Unit	1646
Examiner Name	CHERNYSHEV, Olga N.
Attorney Docket No.	100103.406

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## ENCLOSURES (check all that apply)

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| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> <b>Amendment/Response</b><br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement; Form PTO-1449<br><input type="checkbox"/> Cited References<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Request for Corrected Filing Receipt<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address<br><input type="checkbox"/> Declaration<br><input type="checkbox"/> Statement under 37 CFR 3.73(b)<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund | <input type="checkbox"/> CD(s), Number of CD(s) _____<br><input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> <b>Return Receipt Postcard</b><br><input checked="" type="checkbox"/> <b>Additional Enclosure(s)</b><br>(please identify below):<br><u>Sequence Listing</u><br><u>CRF of Sequence Listing on CD</u><br><u>Declaration regarding Sequence Listing</u> |
|---|---|---|

Remarks

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Individual Name	Mae Joanne Rosok Reg. No. 48,903	Customer Number <b>00500</b>
Signature	<i>Mae Joanne Rosok</i>	
Date	<i>October 1, 2003</i>	

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

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